



NEW  RENEWAL

# Show Animal Club Liability Application

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784  
Email: gapplications@markelcorp.com Website: www.horseinsurance.com

**NOTE:** Coverage cannot be bound until the Company approves your completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is approved. If we do not approve your application, we will refund your premium.

Name of Club: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Check for total premium attached.  
 Installments: We offer a 4-Pay Installment Plan. 25% down payment plus installment fee is required with application and the remaining installments will be billed in 60 day intervals. (\$5 fee per installment, except Florida \$4.)  
 Visa or  MasterCard  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

## Section 1 – Applicant Information Desired Effective Date: \_\_\_\_\_

1. Type of ownership:  Corporation;  Limited Liability Company;  Trust;  Organization;  None
2. Names of corporate partners/officers for each entity: \_\_\_\_\_
3. a. Type of Club:  Dog;  Cat;  Bird;  Cattle;  Alpaca/Llama;  Other: \_\_\_\_\_  
b. Show Classes:  All Breed;  Obedience;  Field Trials;  Agility;  
 Specialty (Breed: \_\_\_\_\_);  Other: \_\_\_\_\_
4. a. State where club is registered: \_\_\_\_\_  
b. What year was this club established: \_\_\_\_\_
5. a. Does club have By-Laws?  Yes  No  
b. Waiver(s) / Release(s) used?  Yes  No (Submit a copy of each.)  
c. Is the club:  For Profit  Not for Profit

## Section 2 - Club Information

1. Is club's premises:  Owned;  Leased -  Long term **or**  Short term;  Donated
2. How many acres? \_\_\_\_\_
3. List all locations and describe: (street address, city, state, zip code) \_\_\_\_\_
4. Does club own or lease any buildings?  Yes  No  
 Concession Stand # \_\_\_\_\_  Restrooms # \_\_\_\_\_  Shed # \_\_\_\_\_  Clubhouse # \_\_\_\_\_  
 Indoor Arena # \_\_\_\_\_  Outdoor Arena # \_\_\_\_\_  Other: \_\_\_\_\_

## Section 3 - Prior 3 Year Property & Liability Insurance Information

Must be completed in full in order to receive a quote. Including homeowners, renters and business owners' policies.

Company	Effective Dates	Premium	No. of Claims	Amount Paid

1. a. Do you currently have club liability insurance?  Yes  No  
b. Have you previously had club liability insurance?  Yes  No
2. a. Has the club been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)  Yes  No  
b. If yes, explain: \_\_\_\_\_
3. Explain losses/incidents within the past 5 years with dates & details of loss, including amount paid, on sheet of paper.  None
4. Has the club ever filed for bankruptcy or had a foreclosure?  Yes  No Explain: \_\_\_\_\_
5. No prior insurance?  Yes  No; Reason: \_\_\_\_\_

## Section 4 – Events Information

1. List all event days sponsored by the applicant.

- A **public event day** is any activity in which non-members or spectators attend or participate. **Specific dates** of each event are required.

If dates have not been set, Markel Insurance Company must be notified 10 days prior to the event day and dates must be approved by the company.

2. Completely describe all club functions: \_\_\_\_\_

3. What is the maximum number of individual club members each year including individuals in family memberships: \_\_\_\_\_

Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day
Show:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Confirmation Classes:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Clinics/Eye/Tattoo:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Trials: Field*/Agility			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Matches/Fun Shows:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Obedience:			Members: ___ Non-members: ___ <input type="checkbox"/> None	
Fundraisers:			Members: ___ Non-members: ___ <input type="checkbox"/> None	

\*Are horses used in field trials?  Yes  No If yes, how many horses? \_\_\_\_\_

4. Are you required to name any other party as an additional insured?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest:  Owner of Premises;  Other: \_\_\_\_\_

5. a. Are weapons/firearms used in any club activities?  Yes  No

b. What type of ammunition is used?  Live  Popper

c. Experience of person handling guns and/or poppers: \_\_\_\_\_

d. Number of people shooting at any one time: \_\_\_\_\_

e. Distance from spectators: \_\_\_\_\_ft.

*Note: If live ammunition is being used, company must give final approval before coverage can be bound.*

6. a. Does your club sponsor an animal rescue program?  Yes  No

b. If yes, confirm average number of animals rescued per year and type of animal: \_\_\_\_\_

c. Describe rescue program in detail on separate sheet of paper.

## Section 5 - Premium / Payment Information

**Step 1: Basic Rate** - Check desired limit; for different limits, contact the company.

All minimum premiums are fully earned and include 100 members, 5 public event days, 200 or less spectators per day and a \$5,000 medical payment limit.

A **public event day** is any activity in which non-members or spectators attend or participate.

**Check here if no Public Event Days**

Check One Limit of Liability:	<input type="checkbox"/> \$300,000 / \$900,000 Occurrence/Aggregate	<input type="checkbox"/> \$500,000 / \$1,500,000 Occurrence/Aggregate	<input type="checkbox"/> \$1,000,000 / \$3,000,000 Occurrence/Aggregate
Base Minimum Earned Premium:	\$325	\$350	\$425

**Step 2: Additional Rates** - Use rate in column below desired limit.

Owned or Leased Premises	# of Acres: _____	\$110 Flat = _____	\$145 Flat = _____	\$180 Flat = _____
Additional Members (above 100)	# _____	x \$0.40 (member) = _____	x \$0.50 (member) = _____	x \$0.75 (member) = _____
Additional Public Event Days	# _____	x \$10 (day) = _____	x \$20 (day) = _____	x \$30 (day) = _____
Obedience & Confirmation Classes	# _____	x \$10 (session) = _____	x \$15 (session) = _____	x \$20 (session) = _____
Additional Insureds – Owner of Premises	# _____	x \$25 (each) = _____	x \$30 (each) = _____	x \$35 (each) = _____
Additional Insureds – Government Entities and/or Other Special Interests	# _____	x \$75 (each) = _____	x \$100 (each) = _____	x \$125 (each) = _____

Food Sales: <input type="checkbox"/> Yes Gross Receipts: \$ _____	<b>Gross Receipts</b> Less than \$500	\$0	\$0	\$0
	\$501 to \$2,500	\$25 Flat = _____	\$50 Flat = _____	\$75 Flat = _____
Over \$2,500 – Refer to Company				

Clothing, Misc. Sales: <input type="checkbox"/> Yes Gross Receipts: \$ _____	<b>Gross Receipts</b> Less than \$500	\$0	\$0	\$0
	\$501 to \$2,500	\$25 Flat = _____	\$50 Flat = _____	\$75 Flat = _____
Over \$2,500 – Refer to Company				

<b>Total Step 2:</b>	= \$ _____	= \$ _____	= \$ _____
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**STEP 3: Total Rate** (\* Rates may vary by state.)

Step 1: \$ \_\_\_\_\_ + Step 2: \$ \_\_\_\_\_ = Total Premium\*: \$ \_\_\_\_\_

**\*Premium is subject to change upon review by an underwriter.**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### Authorization

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature

Date

*Thank you for choosing Markel, The Insurance Company With Horse Sense®*